



Delivering a Healthy WA



Government of Western Australia
Department of Health
Child and Adolescent Health Service

Metropolitan Child Development Service (CDS)

Information to accompany the CDS referral form

Role and Purpose

The Child Development Service (CDS) provides a range of assessment, early intervention and therapy services to children with, or at risk of developmental disorders and delay, and their families.

Services are provided at various sites by a range of professionals including speech pathologists, physiotherapists, occupational therapists, clinical psychologists, social workers, developmental paediatricians, nurses, dieticians, podiatrists, child care assistants, therapy assistants and audiologists, along with administrative staff.

Services are delivered out of a range of settings including community based child development centres, day-care, school and the home environment, and may be provided by a multi-disciplinary team.

The Child Development Service also plays a key role in health prevention and promotion through the delivery of:

- community education
- professional development
- programs aimed at preventing the occurrence of a delay/disorder, minimising the impact of a disorder/delay and/or preventing the progression of a disorder/delay.

Early Intervention

There is overwhelming evidence regarding the importance of the early years and the fact that there are critical developmental periods in a child's life when key learning takes place. If these 'windows of opportunity' are missed, later remediation is often more difficult, expensive and less effective.

The CDS aims to intervene as early as possible and ensure that intervention coincides with critical developmental and transition periods in a child's life.

Eligibility Criteria

Children who have, or are at risk of developmental delay can be referred to the Child Development Service.

The CDS provides assessment services to children referred with developmental concerns who have been identified through an agreed process with their local child health nurse, GP, teacher, school health nurse, parent or another agency. Concerns may relate to language, cognitive, motor and sensory, social and emotional, and adaptive issues.

All children who have been assessed as having a developmental delay/disorder are eligible to receive intervention services.



Children and their families are not eligible for the CDS if:

1. They have been diagnosed with a medical, developmental or mental health condition and are eligible for services for their developmental delay/disorder, in accordance with an established MOU with relevant agencies and/or if they meet the eligibility criteria of another agency. Examples include children with/at risk of intellectual disability, and children with autism, cerebral palsy, acquired brain injury, muscular dystrophy, sensory/visual/hearing impairment, chromosomal disorders, genetic metabolic disorders, brachial plexus injury, congenital limb abnormalities, spina bifida, and cleft lip/palate.¹
2. They have a diagnosed medical issue but are not at significant risk of a developmental delay and there is a more appropriate service for their issues. Examples include children requiring rehabilitation only and sub acute rehabilitation (eg. head injuries, oncology), children who require specialist medical/allied health/neurological hospital based services, and children with acute medical conditions.

Age

0 – 16 years

Children (and their families) who have not yet reached the age of 16 years are eligible to be referred to the Child Development Service.

16 – 18 years

New clients (and their families) who have reached the age of 16 years, may be eligible to be referred to the Child Development Service, following consultation with the Senior Clinical Advisor and the Director of the Child Development Service.

Children (and their families) who have been receiving services from the Child Development Service may continue to receive services until the age of 18 years according to relative need, prioritisation and available resources. Transfer to adult services must be completed by the age of 18 years. Such arrangements are to be agreed between the local site and the Director, Child Development Service.

18 years and over

Children (and their families) who are over 18 years of age are not eligible to be referred to the Child Development Service.

Presenting conditions/ disorders

A list of presenting conditions that are accepted by each discipline is provided in attachment 1.

Referral to the CDS

Children can be referred to the CDS by parents/caregivers and/or other professionals following the identification of indicators of developmental delay/disorders. Consent must be obtained from parent/s for all referrals to the CDS.

Referrals are considered by the CDS team at an intake meeting where eligibility for services is determined and priority status is delegated based on the information provided in the

¹ CDS paediatricians may provide ongoing review and management to children who are eligible for the Disability Services Commission.



referral, the Pre-assessment Questionnaire and any accompanying tests/documents. Priority is given to younger children, and children with complex developmental needs.

Prioritisation of Services

There is often a greater demand for services than resources available. The CDS has developed a prioritisation framework and resources have been distributed to support the Service's emphasis on early intervention.

Other specific considerations to be taken into account when determining priority category are clinical judgement, age, safety, and complexity/ severity/ timeliness.

Clinical judgement

Clinical judgement plays a fundamental role in the delivery of best practice services. All decisions regarding prioritisation are informed by evidence based practice, clinical judgement, available research, and the client's context.

Age of the child

Given the evidence regarding the early years and the importance of early intervention, a child's age is a significant factor when determining prioritisation.

Safety

Where a child is at imminent risk of harm to self or others, this must be addressed as a matter of urgency. The CDS is not a crisis service and children/families should be referred to appropriate services/support to address their 'urgent' needs/issues.

Once the 'urgent needs' have been addressed, children who are eligible for the CDS may also be referred to intake for priority allocation.

Complexity/severity/timeliness

The complexity, severity and timeliness of a child's needs/issues are significant factors when determining priority status.

Complex cases can include children

- with multiple disorders/issues and/or
- involved with/receiving services from multiple agencies and/or
- presenting with multiple risk factors and/or
- requiring assessment and/or treatment from a multi-disciplinary team and/or
- where extraneous factors exist for example, social /family/ environmental factors that have a significant impact on the child's developmental needs.

Severity is assessed according to the impact of the child's developmental concerns on their functioning in various settings.

Timeliness relates to maximising the benefits of intervention through providing services at particular point/s in time based on

- the evidence for the disorder/delay and treatment and/or
- the capacity to effect change with the child/family and/or
- the presenting developmental concerns are likely to be early symptoms of a life long developmental disability.



Attachment 1 - Presenting conditions/disorders accepted by the Child Development Service (0-12 years)²

For some issues/concerns, single discipline referrals will not be accepted including:

- Feeding issues/concerns
- Suspected autism spectrum disorder (ASD)
- Literacy/learning related issues in school-aged children.

The following is a summary of the conditions/disorders that are accepted for further assessment and/or treatment for children who are 0-12 years old. The information is presented by discipline, however it should be noted that in many cases, children and their families receive services from a multi-disciplinary team.

Clinical Psychology

Clinical psychology services are most appropriately provided as part of a multi-disciplinary team. While there may be situations where it is appropriate for clinical psychologists to provide services as a single discipline, this decision should be made on a case by case basis.

Presenting concerns/conditions that may be relevant for referral to a clinical psychologist include:

- Children with an identified developmental delay and with a co-morbid social, emotional, attachment, behavioural or cognitive difficulty.
- Children with complex developmental, behavioural, environmental and psychological symptom profiles who require differential diagnosis. This would include team assessments for ASD spectrum disorders.
- Children experiencing distress/problems related to developmental delay or difficulty.

Physiotherapy

Presenting concerns/conditions that may be relevant for referral to a physiotherapist include any child with developmental concerns in motor skill performance (sensory, motor, muscle tone, joint mobility, posture and strength) that impacts on their ability to play, learn and interact with their environment.

This includes infants with:

- Torticollis
- Plagiocephaly/preferential head turning
- Feeding issues affected by muscle disorders or head positioning
- Problems tolerating time on their tummies
- Delayed motor skill development
- Postural abnormalities

² A list of presenting conditions/ disorders for children 13+ is under development.



This includes children with/experiencing:

- Recognised disorders affecting motor skill development
- Excessive floppiness or stiffness
- Difficulty settling
- Developmental coordination disorders for example balance, coordination, ball skills, kinaesthetic/ proprioception problems, frequent falls, clumsy' children, awkward gait/ running pattern, spatial awareness, dislikes/lacks confidence with motor skills, posture, delayed gross motor skills, sensory motor dyspraxia
- Unusual postures or appearances of lower limbs eg knock knees
- Asymmetry of body movements
- Obesity or over weight related to developmental delay
- Who are toe walking (0-5 years only)
- Children who are at risk of motor skill delay for example low birth weight/preterm, medical conditions, obesity, poor environment/social emotional issues, parents/ carers with issues affecting parenting

Occupational Therapy

Presenting concerns/conditions that may be relevant for referral to an occupational therapist include any child with developmental concerns in performance components (sensory, motor, cognitive, perceptual and/or psychosocial) that impacts on their ability to participate in their occupational roles of self care, play, leisure and productivity within their environmental contexts.

This includes children with:

- Sensory processing disorders - sensory modulation disorders of sensory over responsivity, sensory under responsivity and sensory seeking; sensory based motor disorders of dyspraxia, postural control and sensory discrimination disorders
- Self regulation and co-regulation difficulties for example infants with difficulty in occupational tasks including sleeping, eating and play
- Attention/concentration difficulties and disorders with a co morbid sensory and/or learning problem
- Fine motor delay/difficulties
- Coordination disorders/difficulties for example bilateral integration, midline crossing, proprioception, motor planning and other delays associated with diagnoses such as Dyspraxia and Developmental Coordination Disorder
- Delayed play skills
- Visual perceptual and perceptual motor difficulties
- Delay in early concepts (eg. shape, colour, and size), learning, and handwriting skills.

Physicians

Presenting concerns/conditions that may be relevant for referral to a physician include:

- Children with suspected Autism Spectrum Disorder.
- Children with behavioural problems if associated or likely to be associated with developmental delay or disorder (head banging, sleep disturbance, feeding problems, sibling rivalry, tantrums, anxiety, oppositional, destructive, disruptive behaviours, selective mutism, social avoidance etc).
- Children with hyperactivity/poor attention (4 years and older).
- Children with learning difficulties (4 years and older).



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- Children “at-risk” of developmental disorder or delay – preterm, autism siblings, certain genetic conditions, visual/hearing impairment, post-cardiac surgery, low socio-economic, children of parents with a mental illness, siblings of children with significant language disorder/delay, past history of child abuse and neglect/ in out-of-home care, prenatal/perinatal risk factors such as prenatal exposure to alcohol or neonatal complications (term infant), special populations e.g. refugees.
- Children with suspected developmental delay/disorder.
- Children with certain medical problem with a known developmental delay/disorder.

Social Work

Social work services are most appropriately provided as part of a multi-disciplinary team. While there may be situations where it is appropriate for social workers to provide services as a single discipline, this decision should be made on a case by case basis.

Presenting concerns/conditions that may be relevant for referral to a social worker include those related to:

- Parent/child relationships for example attachment issues, family composition issues (multiple caregivers, foster parents and relatives who are caregivers, complex shared parenting arrangements, complex blended family arrangements)
- Emotional issues for example aggression, tantrums, withdrawal, head banging/self stimulation, anxiety related to separation/school attendance, grief and loss, impact of trauma, self esteem, emotional adjustment to the impact of the disorder/delay, adjustment to school entry, adjustment to puberty/sexuality issues
- Independence skills for example toileting, behavioural feeding difficulties/eating and food issues, sleeping, self care, independent play, attention and concentration difficulties, language and cultural issues, executive functioning problems and their management
- Peer relationships for example social skills, sibling relationships, bullying, language and cultural issues, impact of developmental delay/disorder
- Parent/family issues for example parent/carer having difficulty managing child's behaviour or understanding/adjusting to the developmental needs of the child, parents need help liaising/advocating with other services and/or establishing support networks, issues impacting on care/development of child including domestic violence, anxiety, stress, mental health, physical health, disability, substance abuse, crisis, parent education
- Environmental risks/issues issues impacting on care/development of child (lack of housing, financial, employment, education, transport, legal assistance), social or geographical isolation, problems of language or culture, child at risk of abuse and/or neglect; child has suffered trauma or vicarious trauma

Speech pathology

Presenting concerns/conditions that may be relevant for referral to a speech pathologist include:

- Language related - receptive language delay/disorder (eg difficulty following instructions, difficulty answering questions), expressive language delay/disorder (eg late babbling, reduced vocabulary, shorter sentences, poor narrative), receptive and expressive language delay/disorder, behaviour issues associated with language delay (eg frustration), metalinguistic delay/disorder, language related learning disorder, pragmatic difficulties.



- Speech related - phonology/speech delay/disorder (eg difficulty to understand, limited range of sounds, not using all sounds expected for age), articulation delay/disorder, childhood apraxia of speech.
- Fluency related - fluency disorder/stutter
- Voice related - unusual voice quality for age, as part of a multi-disciplinary team case and not associated with certain medical conditions (eg cleft palate)
- Feeding related (only up to 5 years) – oral motor delay/disorder (eg dribbling past 2 years, limited range of food/textures) not associated with certain medical conditions (eg cleft palate, oral facial deformities)

Dietitians

Dietitians will not accept single discipline referrals.

Presenting concerns/conditions that may be relevant for referral to a dietitian include those related to:

- Nutritional issues
- Fussy eating behaviours that may be contributing to iron deficiency or constipation.

Audiologists

Presenting concerns/conditions that may be relevant for referral to an audiologist include those related to:

- Children who have failed initial and repeat expanded play audiometry screening
- Children who are inconsistent or difficult to condition and where results are unreliable when screened
- Children/family members requiring a family history investigation where there is a family member with an identified sensorineural or conductive hearing loss of possible genetic origin
- Children with conductive hearing loss
- Children with a documented concern of hearing loss, middle ear pathology, balance concerns or speech and language delay.

Podiatrists

Presenting concerns/conditions that may be relevant for referral to a podiatrist include those related to:

- Biomechanical problems associated with the foot or lower limb which may impact on a child's development eg. metatarsus adductus, flat or pronating feet, intoeing or outtoeing gait patterns.
- Abnormalities in growth or unusual presentation of the feet eg. congenital lack of development of toes/bones.